

Project Title

Covid 19 Worksheet for Dummies

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Organisation(s) Involved

Changi General Hospital

Healthcare Family Group Involved in this Project

Medical Services, Healthcare Administration

Applicable Specialty or Discipline

Clinical, Nursing, Laboratory, Operations

Project Period

Starting Date: Not available

Completed Date: Not available

Aims

1. To condense all relevant MOH advisories, COVID19 guidelines, management points, discharge criteria for home or community facilities workflow into a quick reference document.
2. To empower clinical teams of all disciplines to manage their patients who have COVID 19

Background

See poster appended/ below

Methods

See poster appended/ below

Results

See poster appended/ below

Conclusion

See poster appended/ below

Project Category

Organisational Leadership

Knowledge Management, Knowledge Content

Keywords

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COVID-19 Worksheet for DUMMIES



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Introduction With the rapidly changing pandemic landscape, all healthcare institutions must adapt to the COVID-19 endemicity. As the usual patient load returns, all clinical teams were activated to care for patients who present with COVID-19 as well as patients who incidentally test positive while presenting for other issues. There is an impetus to equip all clinical teams to manage patients with COVID-19.




Aims 1. To condense all relevant MOH advisories, COVID19 guidelines, management points, discharge criteria for home or community facilities workflow into a quick reference document.
2. To empower clinical teams of all disciplines to manage their patients who have COVID-19.

Methodology Using the **K.I.S.S. model** with inputs from the Care Team (clinical / nursing / laboratory / operations) involved in the pandemic efforts, the the first version of the COVID-19 Worksheet was born!

Incorporating IDEAS through FEEDBACK

By applying multiple **PDSA** cycles, Care Team continued to fine-tune the document based on ground feedback and also updated to align with prevailing MOH guidelines. It is now in its **9th version**.

Concise guidance on key clinical information to collate and advisories on escalation of care.

On admission / Day 1 Positive	Daily Rounds	Tools
History / Physical – Important Points • Premorbid & EOC status • Past medical hx • Vaccination status • Dialysis • Symptoms / Vitals • ISARIC score • PADUA score	• Immunocompromised? ○ on immunosuppressive meds ○ active chemotherapy ○ on dialysis ○ haematological cancers ○ advanced / untreated HIV	• Symptoms • Vitals Vaccine Calculator.xlsx 
Investigations • CXR • FBC • Renal panel • LFT • CRP	• LDH • Ferritin • SARS-CoV-2 PCR • SARS-CoV-2 Spike Ab and Nucleocapsid Ab	• As clinically indicated • If unwell, trend FBC / RP / LFT / CRP / LDH / Ferritin / CXR 
Diagnosis • Mild COVID: URTI only • Moderate COVID: Pneumonia on CXR; Room air	• Severe COVID: Pneumonia on CXR; needs O2 • Critical COVID: Respiratory failure, shock, multi-organ dysfunction	
Contact ID if • Severe/Critical COVID-19 • Ill-looking from COVID-19 • Age >80 • ISARIC score ≥7 • Immunocompromised*	• Mild/Moderate COVID and: ○ Uncontrolled DM ○ BMI > 32 ○ Chronic Lung/ Heart/ Liver dz ○ CRP > 50 or ↑ trend ○ Persistent fever >38°C ○ SARS-CoV-2 Spike Ab <100 ○ Unvaccinated	Who to call? 1. During office hrs: Contact ID 2. Severe Cx after office hrs: Contact Medical R2 on Call 3. Critical COVID for Active Mx: Activate MET
Order • Symptom relief • Consider VTE prophylaxis if PADUA ≥4; Review bleeding risk – high risk if VTE BLEED score ≥2 • SARS-CoV-2 PCR – refer DECANT or DISCHARGE chart		

Added a QR code to link to ISARIC score calculator, to objectively determine illness severity.

QR codes to calculate risk for thromboembolism and risk of anti-coagulation as a clinical decision aid to decide on anti-coagulation.

Discharge policies updated to align with prevailing MOH guidelines for home recovery or transfer to community facility.

DECANT or DISCHARGE if minimal symptoms & room air & not on therapeutics

	DAY 2 - 3	DAY 4 - 6	DAY 7	Day 8 - 9	DAY 10
VACCINATED	CAN SELF-CARE	HRP	Test if fit for home PCR CT25: Home PCR CT<25: Decant (HRP / CIF / CTF)	Home	
	CAN SELF-CARE, CANNOT SELF-ISOLATE	CIF		Home	
	CANNOT SELF-CARE	CTF		Home	
NURSING HOME / COMM HOSP / GEN WARD	Stay	Test if fit for transfer PCR: Positive Stay Negative: Go	Test if fit for transfer (do not repeat frequently if CT is very low) PCR: CT<25 Stay CT≥25: Go	NH/CH/ Home/GW	
PARTIALLY UNVACCINATED	CAN SELF-CARE	HRP	Test if fit for home PCR CT25: Home PCR CT<25: Decant (HRP / CIF / CTF)	Home	
	CAN SELF-CARE, CANNOT SELF-ISOLATE	CIF		Home	
	CANNOT SELF-CARE	CTF		Home	
NURSING HOME / COMM HOSP / GEN WARD	Stay	Test if fit for transfer PCR: Positive Stay Negative: Go	Test if fit for transfer (do not repeat frequently if CT is very low) PCR: CT<25 Stay CT≥25: Go	NH/CH/ Home/GW	

If on therapeutics, consult ID for decantment; if on dialysis, consult Ops for decantment.

Advisory on how to order specific tests for COVID-19

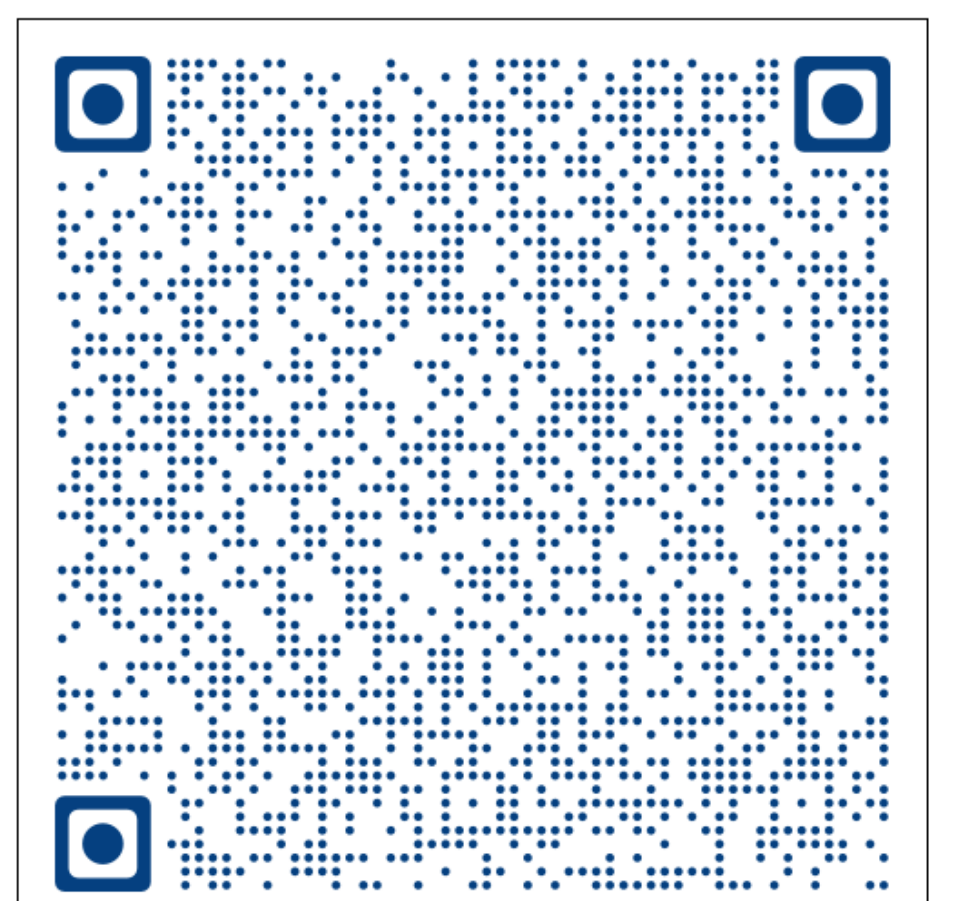
How to order SARS-CoV-2 PCR via CPOE

Order	Cost	Rating
SARS (SARS-CoV-2 (COVID-19) PCR Rapid Test (Xpert)) -CGH Fee (\$125.00)		
SARS (SARS-CoV-2 (COVID-19) PCR Rapid Test (Xpert))		
SARS Coronavirus Isolation		
SARS Coronavirus PCR		
SARS-CoV-2 (COVID-19 agent) PCR		
SARS-CoV-2 (COVID-19) PCR Rapid Test (Xpert) -CGH Fee (\$125.00)		
SARS-CoV-2 (COVID-19) PCR Rapid Test (Xpert)		
SARS-CoV-2 (SARS-CoV-2 (COVID-19 agent) PCR) --		
SARS-CoV-2 Antigen - **ART is not available wrt 1 Jul 2022		
SARS-CoV-2 multiplex (Respiratory Pathogens Multiplex)		

Rapid PCR

Routine PCR

Scan QR code for the full worksheet:



Results This worksheet is included as part of our orientation bundle to junior doctors. 30 non-medical discipline MOHH rotating junior doctors <26 medical officers and 4 house officers> were pooled. On the scale of 0-10 <10 being most confident>, 80% of junior doctors pooled rated it 8 and 20% rated 9. Our rotating medical officers and residents are able to manage patients independently.

Conclusion The COVID-19 worksheet for DUMMIES in CGH increased clinician confidence in managing COVID-19. It also ensured smooth discharge and optimal use of limited COVID-19 resources according to illness severity.

